



MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION

432 Daniel Webster Highway
Merrimack New Hampshire 03054
603-420-1730 ♣ Fax 603-424-0603
HLTH-FRM-003

APPLICATION FOR A LICENSE TO OPERATE A PUBLIC BATHING AREA

NH Chapter Env-Ws 1100, RSA 485-A:26

Date: _____ Fee: \$ _____

Name of Corporation or Association: _____

Address: _____ Contact: _____

Location of Pool: _____ Phone#: _____

Type of Bathing Area:

☐ Pool Indoor # _____ Outdoor # _____

☐ Spa Indoor # _____ Outdoor # _____

Type of Filtration: _____ Type of Sterilizer: _____

Size of Pool (gallons): _____ Size of Spa (gallons): _____

Pool (Square Ft.): _____ Spa (Square Ft.): _____

Life Guard on duty:

☐ Yes ☐ No Hours: _____

Pool Monitor on duty:

☐ Yes ☐ No Hours: _____

☐ In-Ground Pool - \$100.00 ☐ Above Ground Pool - \$50.00 ☐ Spa - \$50.00

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY ARE AWARE OF THE
STATE OF NH REGULATIONS FOR PUBLIC BATHING AREAS AND THAT THE
ABOVE DESCRIBED ESTABLISHMENT IS CONFORMING TO THESE
REGULATIONS.

<http://www.gencourt.state.nh.us/rules/env-ws 1101-1105.html>

Authorized Signature: _____

Title (please print): _____

Date: _____